

SUD Substance Use Disorders

Unless explicitly stated in other portions of the newsletter, only the information in this section will apply to SUD programs.

Drug Medi-Cal Organized Delivery System (DMC-ODS) Page on the Optum Website

- In addition to the Organizational Provider Documents page, where the SUDPOH, SUD Uniform Record Manual (SUDURM) and “Up-to-the-Minute” (UTTM) are posted, there is a DMC-ODS page on the Optum website with helpful information and resources
- We recently added an “ASAM” tab to the DMC-ODS page, and posted the following documents there: ASAM Case Presentation Format, ASAM Criteria Dimensions at a Glance, ASAM Levels of Care Key tool, ASAM Risk Rating, ASAM Risk Rating Checklist, Assessment Considerations for Each Dimension of the ASAM Criteria, and Determining ASAM Criteria Risk Level Three Hs
- Here is a direct link to the DMC-ODS page of the Optum Website:
<https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/dmc-ods.html>

Reminder: New Complaint Process and Related Forms

- The complaint process is described on page I.2 of the current version of the SUDPOH
- There are 2 related forms: a revised “Client Personal Rights form” and a SUD Complaint Report Form
- The current version of the SUDPOH and these 2 forms are posted on the Optum Website on the SUDPOH and SUDURM tabs

BHS Dedicated email address for DMC-ODS is Now Active

- As another communication pathway between providers and BHS, a new e-mail has been established
- It’s not meant to replace communication with your COR, but may be used for general questions or feedback related to DMC-ODS
- The address is: Info-DMC-ODS.HHSA@sdcounty.ca.gov

Updated Privacy Incident Report

- Privacy Incident Reporting form has been updated and is now available on the San Diego County website:
http://www.sandiegocounty.gov/content/sdc/hhsa/programs/sd/hipaa_administration/hipaa_forms.html
- Privacy Incident Reporting workflow and procedure remain the same

DMC Certification Webinar is Available on BHETA

- On September 15th, BHS SUD QM partnered with McAllister Institute to present a webinar on DMC Certification for programs in the initial certification process
- The webinar was recorded and is now available for use on the BHETA website
- In addition to the recorded webinar, all of the handouts that were part of the session are posted on BHETA as well
- Additionally, the handouts for the session (with a document describing what each is) have been posted under the “Forms” tab of the “Drug Medi-Cal Organized Delivery System” page on the Optum website
- For instructions on how to access the BHETA session, see the instructions attached to this email distribution

Staffing Update

- We are pleased to welcome a new addition to the Quality Management Substance Use Disorder team: Malisa (Mali) Touisithiphonexay comes to us from County Eligibility Operations as our new Administrative Analyst I

SanWITS and SSRS Trainings

- Monthly trainings are offered for both SanWITS and SSRS Reporting.
- Contact the ADS help desk at ADS_Data.HHSA@sdcounty.ca.gov to schedule trainings for new hires, refreshers, and basic and advanced SSRS reporting.

**Is this information filtering down to your staff?
Please share UTTM with your staff and keep them *Up to the Minute!***



ALL PROVIDERS

Help Spread the Word!

- Did you know that pregnant women seeking alcohol or drug services have priority admission to SUD programs?
- Please help us spread the word to the clients and their supports that might benefit from this information!
- Those interested may contact the ACL line at (888) 724-7240 for referral assistance.

KNOWLEDGE SHARING

Updated Privacy Incident Report

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Quality Improvement Plan (QIP) Requirements

- A QIP is required if your Overall MRR result is below 90% or if disallowance rate exceeds 5%. The QIP shall include the Billing Summary Form. A QIP may also be requested at the discretion of the QM Specialist for any significant deficiencies/trends identified in the review.
- Timeline Reminder:
 - Any services listed on the Billing Summary Form shall be corrected on the Billing Summary Form and submitted to QM within **14 days** of receipt of MRR.
 - Quality Improvement Plans are due to the QM Unit within **14 days** of the date program is notified of required QIP.

Access Logs

- Please remember that access times over 5 days (CYF) and 8 days (AOA) for Mental Health Assessment, and 30 days for Psychiatric Assessment must be addressed in the Program Comments field of the Request for Service Log/Access Times Report form.
- Please remove all client information from the access log before sending it to us, and **do not send it encrypted.**

Optum Website

- The Optum website now has a tab labeled "BHS Reports" which will include the Monthly Dashboard Report and the Annual Databooks produced by PIT.
- This can be found under the Organizational Provider Public Documents.

OPOH Update

- Section A: Appendices were removed and put under forms tab on Optum.
- Section B: Compliance Officer information was updated under the recommended guidelines for Contracted Programs in regards to an internal compliance program.
- New Grievance & Appeal Brochures – located under the Beneficiary Tab.

New Grievance & Appeal Brochure

- To align with Federal regulations, the Grievance & Appeal brochure has been updated. All new brochures should replace the old brochures effective immediately. Brochures must be readily available for clients. Revised brochures are located on the Optum website, under the Beneficiary Tab.

Reminder: Client Plan Interventions

- QM would like to remind programs that not "ALL" interventions are required on the client plan. The client plan shall include all routine planned interventions. Routine planned interventions are those that are scheduled on a weekly, monthly, bi-monthly basis, i.e., rehab, psychotherapy, groups, medication services, case management, and collateral. There are some service codes that are not "routine," such as, **SC 13 Plan Development, SC 10 Assessment, or SC 11 Psychiatric Evaluation**. These unplanned or not routine interventions are not required to

be on the Client Plan. Remember, that if an unplanned service is provided more routinely, it shall be included on the client plan.

PROGRESS NOTES

Update to Progress Note Corrections

- For all unclaimed services, when there is any billing indicator error found, you will request a Void & Replicate from Optum Support Desk to correct the indicator on the replicated note. This applies whether or not the billing indicator error affects claiming. For all services that are claimed/paid/pending, where the billing indicator error does NOT affect the paid/pending claim, document the error in an informational note.
- QM has removed – no-show entered without ‘no show’ indicator, and lockouts- wrong place of service. They have been combined into wrong billing indicator which affects billing (lockouts, no-show, DAS).
- QM has removed – wrong billing indicator (excluding lockouts), and wrong collateral server. They have been combined into wrong billing indicator which does not affect billing.
- QM has removed - meaningful typo in client narrative. This has been combined into wrong or insufficient info in client narrative.
 - Please note that once a note is V&R, the original note is still visible under the Void Filter on the PN pane. Therefore, the original signature and final approval date is captured for auditing purposes. A replicated note requires a new signature and final approval. In some cases, a replicated note may be completed post 14 days from the original date of service. If the original note was documented and final approved within 14 days, it is NOT necessary to change the service to non-billable due to
 - post 14 days since there is evidence that the original documentation was in compliance. The original service may still be claimed. No additional explanation is required to be documented in an informational note or in the body of the replicated note.

Useful Tips

- Admin staff cannot make corrections on the progress note as they do not have proper access to the notes
- To see the Client Narrative, double click on the (smaller font) Client Narrative line
- The edit icon for Client Plans is a pen which becomes a floppy disk when it is ready to save
- Unplanned services are created by not selecting an intervention
- Billing information doesn't print for non-final approved progress notes
- Service days in the Assignment and Billing Parameters do not count the date of service as day one

Pathways to Well-Being (PWB) Reminders

- The Department of Health Care Services (DHCS) announced the removal of the lockout to providing Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) to youth in group homes and Short-Term Residential Therapeutic Programs (STRTP) effective July 1, 2017. There are no limitations on the number of days ICC may be provided or reimbursed.
 - Residential Mental Health Programs are encouraged to contact Debbie MacDougall in QI at Deborah.MacDougall@sdcounty.ca.gov for more information on updating codes from non-billable to billable in order to claim ICC services that occurred after July 1, 2017.

Optum Organizational Provider Public Documents

Forms:

- Privacy Incident Report

Manuals:

- Outcome Measures Manual San Diego CSS Programs 2016

UCRM:

- Progress Note Form Fills
 - Wraparound
 - Individual Rehab
 - Group Rehab
 - Group Psychotherapy
 - Family Rehab
 - Family Psychotherapy
 - Case Management
 - Individual Psychotherapy

Secure Documents

Forms:

- CCBH Progress Note Correction Request Form

Manuals:

- Progress Notes Resource Packet PNv3

- Day Treatment providers may only bill for Child and Family Team (CFT) meetings when the meeting occurs outside of Day Treatment hours. If the CFT meeting occurs during day treatment hours the day treatment provider will continue to use the non-billable ICC Code (Service Code 882) to document the meeting.
 - Please reference PWB bulletin 2017-9 and the noted MHSUDS Information Notice, both accessible at the BHETA website.
- Revised Service Code definitions for ICC and IHBS:
 - The ICC Service Code definition has been revised to include children/youth with significant and complex functional impairment and/or whose treatment requires cross-agency collaboration. Therefore, a child/youth in need of cross-agency collaboration (i.e. with CWS, Probation, Education, Regional Center, etc.) is eligible for ICC, including youth that are identified as Enhanced/Subclass, Class, or non-CWS involved children/youth. A Child and Family Team must be identified and documented in order to provide ICC and IHBS.
 - IHBS continues to be available to clients who are receiving ICC.
 - Please reference PWB bulletin 2017-10 and the new Service Code definitions.
- New CWS phone number for obtaining CWS Protective Services Worker (PSW) contact information:
 - The new CWS contact information is (858) 514-6995.
 - Please reference PWB bulletin 2017-11.

Copies of the revised ICC and IHBS Service Code definitions, PWB bulletins, forms and explanation sheets can be found on the Pathways to Well-Being BHETA webpage :

<https://theacademy.sdsu.edu/programs/bheta/pathways/>

Management Information System (MIS) Reminders

- Thanks to all who came to the most recent ARF training! We had a very lively, interested bunch, and hopefully completing ARFs will be more successful for you.
- **ARF Tip of the Month:** Please remember that the menu “Clinical – View Only” is for identified QA staff in programs. All other clinical staff should select “Clinical – Clinical Staff”

TRAINING and EVENTS

- **Peer Partner Documentation Training**
 - November 27, 2017 from 1 p.m.-4 p.m.
- **Root Cause Analysis Training**
 - December 14, 2017 from 9 a.m.-12 p.m.
 - All QM trainings are held at the 2-1-1 Connections Center at: 3860 Calle Fortunada, Suite 101, San Diego, CA 92123.
 - Register with BHS-QITraining.HHSA@sdcounty.ca.gov
 - If you cannot attend, cancel registration via email provided above to allow those waitlisted to attend.
- **Quality Improvement Partners (QIP) Meeting**
 - Focuses on systems integration, continuous quality improvement, and problem solving issues and trends in our system of care.
 - Meeting should be attended by program managers or their designee. Legal entities are also welcome to send a Quality Improvement representative.
 - Meeting is held on the **4th Tuesday** of the month from **2:30-4:30 p.m.** Next meeting is **November 28, 2017.**
 - Look for an email reminder (that includes a call-in number for a teleconferencing option).
 - **Location:** 3851 Rosecrans Street San Diego, CA 92110.
- Please send any questions and/or comments to the QI Matters email: QIMatters.HHSA@sdcounty.ca.gov

Is this information filtering down to your clinical and administrative staff?

Please share UTTM with your staff and keep them *Up to the Minute!*

Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov